Filing Company: Starmount Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Universal2

Project Name/Number: /

Filing at a Glance

Company: Starmount Life Insurance Company

Product Name: Universal2 SERFF Tr Num: STAR-128303042 State: Arkansas TOI: L08 Life - Other SERFF Status: Closed-Approved- State Tr Num:

Closed

Sub-TOI: L08.000 Life - Other Co Tr Num: State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Varisco, Ruston Woolley, Ronetta

Authors: Belle Lucas, Natka Disposition Date: 05/01/2012

Andrus

Date Submitted: 04/26/2012 Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Not Filed

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Overall Rate Impact: Filing Status Changed: 05/01/2012
State Status Changed: 05/01/2012

Deemer Date: Created By: Ronetta Andrus

Submitted By: Ruston Woolley Corresponding Filing Tracking Number:

Filing Description:
Dear Sir/Madam:

We are pleased to file the above referenced application forms in Arkansas. This filing is a new filing and is being filed without an illustration.

The Universal Application is an additional application that will be used with previously approved life products.

The following lists the products used on the Universal Application and their approval dates:

Valuelife Gold (32-001) - approved 12-5-2008

Filing Company: Starmount Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Universal2

Project Name/Number:

Starlife Gold (21-001) - approved 12-4-2006 Selectlife (51-001) - approved 8-23-2006

A previous version of this application was approved on 11-03-2011 (STAR-127753216). Changes made to the application include:

- Revised wording of the medical questions.
- Format/Layout has been revised to include the spouse and main insured demographic information and medical questions all on one page.
- New agent replacement questions have been added to the application.
- New variable items have been added to the application and all items are fully described in the accompanying statement of variability.

These products will continue to be marketed through individual mailers or through other affinity marketing, such as associations and also through agents as standalone coverage to individuals at the workplace and through the internet. The Universal Application will be placed on our website upon approval.

Please contact me if you have any questions at 225-400-9247 or by email rustonb@starmountlife.com.

Sincerely, Ruston Woolley; Compliance Specialist

State Narrative:

Company and Contact

Filing Contact Information

Ruston Woolley, Compliance Specialist rustonb@starmountlife.com 8485 Goodwood Blvd. 225-400-9247 [Phone] Baton Rouge, LA 70806-7878 225-610-1447 [FAX]

Filing Company Information

Starmount Life Insurance Company CoCode: 68985 State of Domicile: Louisiana

7800 Office Park Boulevard Group Code: Company Type:
Baton Rouge, LA 70809 Group Name: State ID Number:

(225) 926-2888 ext. [Phone] FEIN Number: 72-0977315

Filing Company: Starmount Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Universal2

Project Name/Number: /

Filing Fees

Fee Required? Yes

Fee Amount: \$100.00

Retaliatory? Yes

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Starmount Life Insurance Company \$100.00 04/26/2012 58580791

Filing Company: Starmount Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Universal2

Project Name/Number:

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted	
Approved- Closed	Linda Bird	05/01/2012	05/01/2012	

Filing Company: Starmount Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Universal2

Project Name/Number: /

Disposition

Disposition Date: 05/01/2012

Implementation Date: Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Filing Company: Starmount Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Universal2

Project Name/Number: /

Supporting Document

ScheduleSchedule ItemSchedule Item StatusPublic AccessSupporting DocumentFlesch CertificationYesSupporting DocumentApplicationNo

Yes

Form Universal2 Yes

Statement of Variability

Filing Company: Starmount Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Universal2

Project Name/Number: /

Form Schedule

Lead Form Number: UNVRSL2

Schedule	Form	Form Type Form Name	Action	Action Specific	Readability	Attachment
Item	Number			Data		
Status						
	UNVRSL2	Application/Universal2	Initial		43.100	UNVRSL2
		Enrollment				RGN4.pdf
		Form				

STARMOUNT LIFE INSURANCE CO. • 8485 Goodwood Blvd. • Baton Rouge, LA 70806-7878 • 1-888-729-5433 • [www.SayLife.com]

[For Term Life Insurance Policy No. 21-001; For Level Premium Whole Life Insurance Policy No. 51-001; For Modified Whole Life Insurance Policy Form No. 32-001] [Accidental Death Rider Form No. 97005] [Accelerated Benefit Rider 98-010]

Name	[Social Security #]	Date of Bi	rth (REQUIREI	O)
Address Sex M M F Height (Ft. In.)Weight (Lbs.)_	City	State _	Zip	·
Sex M M F Height (Ft. In.)Weight (Lbs.)	Email			
Home Phone (REQUIRED) ()	Cell Phone ()		
Are you employed? ☐ Yes ☐No (If no, explain)	Occupation			
Home Phone (REQUIRED) () Are you employed? ☐ Yes ☐ No (If no, explain) Doctor or Clinic (Full Name) and location	City		S	State
Beneficiaries (Full Name)		Relationship		
COVERAGE AMOUNT: [\$250,000 \$200,000 \$15	50,000 🗆 \$100,000 🗅 \$75,000 🗀 \$50,00	0 🔲 \$45,000	\$40,000	\$35,000
□ \$30,000 □ \$25,000 □ \$20,000 □ \$15,000 □ \$10,00	00 🗆 \$5,000 🗀 \$3,000]			
ADD ACCIDENTAL DEATH CASH OPTION FOR: 🚨 Tr	riple Benefits 🖵 Double Benefits			
[SPOUSE INFORMATION (if to be insured) please print.				
Name	[Social Security #]	Date of Bi	rth (REQUIREI	O)
Address	City	State _	Zip	
Address Sex M F Height (Ft. In.) Weight (Lbs.) Home Phone (REQUIRED) (Are you employed? Yes No (If no, explain) Doctor or Clinic (Full Name) and location Reportisizing (Full Name)	Email			
Home Phone (REQUIRED) ()	Cell Phone ()		
Are you employed? ☐ Yes ☐No (If no, explain)	Occupation			
Doctor or Clinic (Full Name) and location	City		S	State
Deficitionalies (Full Natific)		1 Velation 31 iib		
COVERAGE AMOUNT: [\$250,000 \$200,000 \$15		0 🚨 \$45,000	\$40,000	\$35,000
□ \$30,000 □\$25,000 □ \$20,000 □ \$15,000 □ \$10,00	00 🗆 \$5,000 🗅 \$3,000]			
ADD ACCIDENTAL DEATH CASH OPTION FOR: 🚨 Tr	riple Benefits 🖵 Double Benefits]			
PAYMENT METHOD [☐Annually ([5%, 10%] discount for an		[(We recommen	nd annually or e	very 3 months \1
□ Deduct payments from my checking account automatic		[(WC TCCOIIIIICI	id diffidally of c	very o months./j
☐ Charge payments to: ☐ VISA ☐ MC Cred	dit Card #	Evn Date	a· /	
☐ Bill me directly for payments. (There is a \$1 charge per	month if direct hilling is monthly; all other n	ayment ontions	are free)	
Bill the directly for payments. (There is a \$1 charge per	monum in direct billing is monthly, all other p	ayment options	ale liee.)	
PLEASE ANSWER THESE QUESTIONS:			Made Inches	
			viain insured	[Spouse]
1. Have you had or been advised to have any medical or so		der, injury	wain insured	[Spouse]
 Have you had or been advised to have any medical or so or sickness during the past two years, or do you now have 		der, injury s, please		
or sickness during the past two years, or do you now have explain.)	ive any impairment, disorder or disease? (If ye	der, injury s, please		[Spouse] [□ Yes □ No]
or sickness during the past two years, or do you now have explain.)	ove any impairment, disorder or disease? (If ye polyps; diabetes; asthma; a stroke; any disease o	der, injury s, please 		
or sickness during the past two years, or do you now have explain.) 2. Have you ever: had high blood pressure; cancer; a tumor; pof the kidneys, heart, blood, lungs, liver; tested positive for each of the kidneys.	ove any impairment, disorder or disease? (If ye polyps; diabetes; asthma; a stroke; any disease dexposure to the HIV (Human Immunodeficiency	der, injury s, please or disorder Virus)		
or sickness during the past two years, or do you now have explain.) 2. Have you ever: had high blood pressure; cancer; a tumor; pof the kidneys, heart, blood, lungs, liver; tested positive for einfection or been diagnosed as having ARC (AIDS Related	polyps; diabetes; asthma; a stroke; any disease of exposure to the HIV (Human Immunodeficiency Complex) or AIDS (Acquired Immune Deficiency	der, injury s, please or disorder Virus)		
or sickness during the past two years, or do you now have explain.) 2. Have you ever: had high blood pressure; cancer; a tumor; pof the kidneys, heart, blood, lungs, liver; tested positive for einfection or been diagnosed as having ARC (AIDS Related Syndrome) caused by the HIV infection; mental disease or explain the past two years, or do you now have explain.	polyps; diabetes; asthma; a stroke; any disease of exposure to the HIV (Human Immunodeficiency Complex) or AIDS (Acquired Immune Deficiency disorder, Alzheimer's or other dementia; or been	der, injury s, please or disorder Virus) / treated for		
or sickness during the past two years, or do you now have explain.) 2. Have you ever: had high blood pressure; cancer; a tumor; pof the kidneys, heart, blood, lungs, liver; tested positive for einfection or been diagnosed as having ARC (AIDS Related Syndrome) caused by the HIV infection; mental disease or alcoholism or a drug habit by a medical professional, or take	polyps; diabetes; asthma; a stroke; any disease of exposure to the HIV (Human Immunodeficiency Complex) or AIDS (Acquired Immune Deficiency disorder, Alzheimer's or other dementia; or been ten illegal drugs; been ticketed for DWI or DUI or	der, injury s, please or disorder Virus) / treated for had a	lYes □ No	[□ Yes □ No]
or sickness during the past two years, or do you now have explain.) 2. Have you ever: had high blood pressure; cancer; a tumor; pof the kidneys, heart, blood, lungs, liver; tested positive for einfection or been diagnosed as having ARC (AIDS Related Syndrome) caused by the HIV infection; mental disease or alcoholism or a drug habit by a medical professional, or take felony conviction? (If yes, circle applicable ones and explain	polyps; diabetes; asthma; a stroke; any disease of exposure to the HIV (Human Immunodeficiency Complex) or AIDS (Acquired Immune Deficiency disorder, Alzheimer's or other dementia; or been ten illegal drugs; been ticketed for DWI or DUI or	der, injury s, please or disorder Virus) / treated for had a		
or sickness during the past two years, or do you now have explain.) 2. Have you ever: had high blood pressure; cancer; a tumor; post the kidneys, heart, blood, lungs, liver; tested positive for einfection or been diagnosed as having ARC (AIDS Related Syndrome) caused by the HIV infection; mental disease or alcoholism or a drug habit by a medical professional, or take felony conviction? (If yes, circle applicable ones and explain 3. Have you had an application for life or health insurance in the second secon	polyps; diabetes; asthma; a stroke; any disease of exposure to the HIV (Human Immunodeficiency Complex) or AIDS (Acquired Immune Deficiency disorder, Alzheimer's or other dementia; or been ten illegal drugs; been ticketed for DWI or DUI or n.)	der, injury s, please or disorder Virus) / treated for had a pplicable	lYes □ No	[□ Yes □ No]
or sickness during the past two years, or do you now have explain.) 2. Have you ever: had high blood pressure; cancer; a tumor; pof the kidneys, heart, blood, lungs, liver; tested positive for einfection or been diagnosed as having ARC (AIDS Related Syndrome) caused by the HIV infection; mental disease or alcoholism or a drug habit by a medical professional, or take felony conviction? (If yes, circle applicable ones and explair 3. Have you had an application for life or health insurance ones.)	polyps; diabetes; asthma; a stroke; any disease of exposure to the HIV (Human Immunodeficiency Complex) or AIDS (Acquired Immune Deficiency disorder, Alzheimer's or other dementia; or been ten illegal drugs; been ticketed for DWI or DUI or n.)	der, injury s, please or disorder Virus) / treated for had a pplicable	l Yes □ No l Yes □ No	[Yes No] [Yes No] [Yes No]
or sickness during the past two years, or do you now have explain.) 2. Have you ever: had high blood pressure; cancer; a tumor; pof the kidneys, heart, blood, lungs, liver; tested positive for einfection or been diagnosed as having ARC (AIDS Related Syndrome) caused by the HIV infection; mental disease or alcoholism or a drug habit by a medical professional, or take felony conviction? (If yes, circle applicable ones and explain 3. Have you had an application for life or health insurance ones.)	polyps; diabetes; asthma; a stroke; any disease of exposure to the HIV (Human Immunodeficiency Complex) or AIDS (Acquired Immune Deficiency disorder, Alzheimer's or other dementia; or been ten illegal drugs; been ticketed for DWI or DUI or n.)rated, postponed, or modified? (If yes, circle a contracts?	der, injury s, please or disorder Virus) / treated for had a pplicable	l Yes □ No l Yes □ No l Yes □ No l Yes □ No	[Yes No] [Yes No] [Yes No] [Yes No]
or sickness during the past two years, or do you now have explain.) 2. Have you ever: had high blood pressure; cancer; a tumor; pof the kidneys, heart, blood, lungs, liver; tested positive for einfection or been diagnosed as having ARC (AIDS Related Syndrome) caused by the HIV infection; mental disease or alcoholism or a drug habit by a medical professional, or take felony conviction? (If yes, circle applicable ones and explain Have you had an application for life or health insurance ones.)	polyps; diabetes; asthma; a stroke; any disease of exposure to the HIV (Human Immunodeficiency Complex) or AIDS (Acquired Immune Deficiency disorder, Alzheimer's or other dementia; or been ten illegal drugs; been ticketed for DWI or DUI or n.) rated, postponed, or modified? (If yes, circle a contracts?	der, injury s, please or disorder Virus) / treated for had a pplicable	I Yes □ No	[Yes No] [Yes No]
or sickness during the past two years, or do you now have explain.) 2. Have you ever: had high blood pressure; cancer; a tumor; pof the kidneys, heart, blood, lungs, liver; tested positive for einfection or been diagnosed as having ARC (AIDS Related Syndrome) caused by the HIV infection; mental disease or alcoholism or a drug habit by a medical professional, or take felony conviction? (If yes, circle applicable ones and explain 3. Have you had an application for life or health insurance ones.)	polyps; diabetes; asthma; a stroke; any disease of exposure to the HIV (Human Immunodeficiency Complex) or AIDS (Acquired Immune Deficiency disorder, Alzheimer's or other dementia; or been sen illegal drugs; been ticketed for DWI or DUI or n.) rated, postponed, or modified? (If yes, circle a contracts? s this would replace or change?	der, injury s, please or disorder Virus) / treated for had a pplicable	l Yes □ No l Yes □ No l Yes □ No l Yes □ No	[Yes No] [Yes No] [Yes No] [Yes No]

I declare the above answers are complete and true to the best of my knowledge and belief. I agree the answers will be part of the policy which will not be in force until the first premium is paid, the application is approved, and the policy is issued and delivered to me when I am in the same health condition stated above. However, in Kansas, until you receive your policy, insurance in force will be limited to \$1,000 and will be in force upon receipt of an application and a premium by the company.

AUTHORIZATION: I authorize any physician, medical practitioner, hospital, clinic, Pharmacy Benefit Manager or other medical related facility, insurance company, family member, the Medical Information Bureau, or other organization or person, that has record of me to give Starmount Life Insurance Company, my legal representative for medical records receipt, or its reinsurers, any information for the purpose of underwriting. This includes knowledge of drug abuse, alcoholism or mental illness, and HIV (Human Immunodeficiency Virus) and/or AIDS (Acquired Immune Deficiency Syndrome) status; and, although this information may be protected by government regulation, I allow Starmount to collect it to determine insurability. I (or my authorized representative) am entitled to a copy of this authorization form and the information obtained. This authorization, or a copy of it is valid for 30 months (in KS and OK, 24 months) from the date of signature, but can be revoked at any time upon my written request. The treatment, payment, enrollment or eligibility for health benefits is not conditioned on my signing an authorization. I am aware the records may be subject to re-disclosure by the recipient and that re-disclosed information may no longer be protected by federal privacy regulations. I acknowledge receipt of the MIB Disclosure Notice. I authorize Starmount Life Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB. Any person who knowingly and with intent to injure, defraud, or de

X	Х		
X Main Insured's Signature Date	[S	pouse's Signature (if to be insured)	Date]
[AGENT: Does the proposed insured have an existing policy or answer Yes. □Yes □ No Agent's (Producer) Signature:_		. ,	·
Please list the name of the insurer, policy or contract number or	application no	umber, if you answered Yes above:	
Agent: Leave with the applicant the original or a copy of written replacement notice with the application to the replacing insurer.]	or printed cor	mmunications used for presentation to the	ne applicant and submit a copy of the
[☐ Send me more applications for friends and relatives.]		(For Comp	pany Use) STAR I.D.:
		, ,	• ,
UNVRSL2			
EXCLUSIONS: Exclusions may apply. Please see your policy for	limitations a	and exclusions specific to your state.	
FRAUD STATEMENTS:			
For residents of Arkansas and Louisiana: Any person who knows presents false information in an application for insurance is guilty			
For residents of Kansas: Any person who knowingly and with containing any false, incomplete, or misleading information may			a statement of claim or an application
For residents of Oklahoma: WARNING: Any person who knot proceeds of an insurance policy containing any false, incomplete			ny insurer, makes any claim for the

Filing Company: Starmount Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Universal2

Project Name/Number:

Supporting Document Schedules

Item Status: Status

Date:

Satisfied - Item: Flesch Certification

Comments: Attachment:

UNVRSL2 RGN4 FLESCH.pdf

Item Status: Status

Date:

Bypassed - Item: Application

Bypass Reason: n/a - filing application, not policy

Comments:

Item Status: Status

Date:

Satisfied - Item: Statement of Variability

Comments:

Attachment:

UNVRSL2 StatementVariability.pdf

STARMOUNT LIFE INSURANCE COMPANY

FLESCH READABILITY ANALYSIS

<u>FORM</u>	WORDS	PARAGRAPHS	SENTENCES	SCORE
UNVRSL2	1191	63	43	43.1

This is to certify that this form meets the minimum score on the Flesch reading ease test in the NAIC Life and Health Insurance Policy Language Simplification Model Act. The Flesch score has been measured by the method described in the act and reflects all text excluding only language or terminology in the following categories entitled to be excepted under the act: the name and address of the insurer; the name, number or title of the policy; the table of contents or index; captions and subcaptions; specifications pages, schedules or table; language required by law or regulation; medical terminology; and words which are defined in the policy.

Jeffrey G. Wild

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Jeffrey G. Wild Chief Financial Officer Starmount Life Insurance Company

DATE: 4/25/2012

UNIVERSAL APPLICATION FOR LIFE PRODUCTS DEFINITION OF VARIABLE TEXT

Below please find the variable texts in this life product. There is no other variable information submitted with this filing.

The following information listed in brackets contains variable information:

APPLICATION FORM –UNVRSL2

Heading and Form Numbers:

Individual life products —Term Life (21-001), Level Premium Whole Life (51-001) and Modified Whole Life (32-001) are bracketed for use for offering a specific life product. Text will be removed when other life products are not being offered per marketing campaign.

Accidental Death Rider Form No. 97-005 and Accelerated Benefit Rider Form #98-010 ACC are bracketed for removal when various marketing campaigns will not offer these riders with this product. Text will either be included or excluded per marketing campaign.

The website is bracketed because it will change depending on the product being offered at the time. We have various URLs for each of our products.

Insured's Demographic Information:

Social Security Number is bracketed for various marketing campaigns in which this option may not be offered. Social Security Number will not appear on the application when the application is used on the internet.

Policy Face Amounts:

Amounts of insurance are bracketed for various marketing campaigns that will only offer certain amounts. Amounts not to be offered during campaign will be removed. The amounts may vary \$3,000 up to \$250,000 depending on which product will be offered.

Payment Options:

Payment methods are bracketed for various marketing campaigns in which certain payment options may not be offered.

Questions:

Information referring to an Agent is bracketed for removal when the application is used in a direct mail marketing campaign and not sold by individual agents.

Spouse Application:

Spouse Information section is bracketed for removal when marketing campaign is only for by one potential insured. All spousal information on application is bracketed for removal for this purpose. Text will either be included or excluded in its entirety per campaign.